

STANDARD CERTIFICATE OF DEATH

57 021 294

STATE FILE NUMBER 2725

FILED JUN 28 1957

Registration District No. 147 Primary Registration District No. 1002 Registrar's No.

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>K-E Kansas City</b>		c. CITY OR TOWN <b>K-E Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>COUNTY JAIL</b>		d. STREET ADDRESS <b>3410 THOMPSON</b>	
3. NAME OF DECEASED (Type or print) <b>WILLIAM LEE REEDY</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>8</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 5, 1918</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHEFFIELD STEEL</b>	11. BIRTHPLACE (City and state or country) <b>KARNEY MO.</b>
13a. FATHER'S NAME <b>THOMAS J. REEDY</b>		13b. MOTHER'S MAIDEN NAME <b>OLLIE MAYES</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W. W. II</b>		16. SOCIAL SECURITY NO. <b>707-07-6942</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Death by Hanging</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>Hung himself with sheet</b>	
20c. TIME OF INJURY Hour <b>6-8</b> Month, Day, Year <b>57</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <b>County Jail</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____		22. SIGNATURE <b>Hugh H. Owens</b>	
23a. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEM.</b>		23b. DATE <b>JUNE 12, 1957</b>	
24. FUNERAL DIRECTOR <b>C. H. BLACKMAN &amp; SONS INC.</b>		25. DATE RECD. BY LOCAL REG. <b>6-10-57</b>	
26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>		27. DATE SIGNED <b>6-10-57</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *W. C. Rime*

Licensed Embalmer No. *4879*

P. O. Address *H. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.